



DFW

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/550,305
Application Date:: 09/22/05
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: PROCESS FOR PRODUCING
CYCLOHEXENONE LONG-CHAIN
ALCOHOLS
Attorney Docket Number:: 278237US0PCT

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France
Status:: FULL CAPACITY
Given Name:: Bang
Family Name:: LUU
City of Residence:: Strasbourg
Country of Residence:: France
Street of Mailing Address:: c/o CNRS, Universite Louis Pasteur,
Centre De Neurochimie, 5, Rue Blaise
Pascal
City of Mailing Address:: Strasbourg
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-67070

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: France
Status:: FULL CAPACITY
Given Name:: Patrick
Family Name:: NEUBERG
City of Residence:: Strasbourg
Country of Residence:: France
Street of Mailing Address:: c/o CNRS, Universite Louis Pasteur,
Centre De Neurochimie, 5, Rue Blaise
Pascal
City of Mailing Address:: Strasbourg
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-67070

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	France
Status::	FULL CAPACITY
Given Name::	Delphine
Family Name::	TRANCARD
City of Residence::	Strasbourg
Country of Residence::	France
Street of Mailing Address::	c/o CNRS, Universite Louis Pasteur, Centre De Neurochimie, 5, Rue Blaise Pascal
City of Mailing Address::	Strasbourg
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-67070
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Masashi
Family Name::	YAMADA
City of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Meiji Dairies Corporation, Pharmaceuticals Department, 2-10, Shin- Suna 1-chome, Koto-ku
City of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	136-8908
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yukio
Family Name::	OHSHIBA
City of Residence::	Odawara-shi
State or Province of Residence::	Kanagawa
Country of Residence::	Japan
Street of Mailing Address::	c/o Meiji Dairies Corporation, Pharmaceuticals Department, 540, Naruda
City of Mailing Address::	Odawara-shi
State or Province of Mailing Address::	Kanagawa
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	250-0862

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Hiroto
 Family Name:: SUZUKI
 City of Residence:: Tokyo
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Meiji Dairies Corporation,
 Pharmaceuticals Department, 2-10, Shin-
 Suna 1-chome, Koto-ku
 City of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 136-8908

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/03994	03/28/03

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

Assignee Name:: MEIJI DAIRIES CORPORATION
 Street of Mailing Address:: 2-10, Shin-Suna 1-chome, Koto-ku
 City of Mailing Address:: Tokyo
 Country of Mailing Address:: JAPAN
 Postal or Zip Code of Mailing Address:: 136-8908